



## Dealer and Credit Application

(In order to process your application, all areas must be filled out completely)

Date Sent | \_\_\_\_\_ Customer Account No | \_\_\_\_\_

### ▶ Name and Address

Legal Name of Firm | \_\_\_\_\_  
 Name used to do Business |  Same as above  Different – Please Specify \_\_\_\_\_  
 Street | \_\_\_\_\_ City | \_\_\_\_\_ Province | \_\_\_\_\_  
 Postal Code | \_\_\_\_\_ Phone | \_\_\_\_\_ Fax | \_\_\_\_\_  
 Requested Credit Limit | \_\_\_\_\_ Preferred Method of Payment |  Cheque      
 Total Annual Sales | \_\_\_\_\_ % Wearables | \_\_\_\_\_ % Clothing | \_\_\_\_\_

### ▶ Type of Business

Proprietorship > Name of Owner | \_\_\_\_\_  
 Partnership > Name of Partners | \_\_\_\_\_  


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 Corporation > Province in which incorporated | \_\_\_\_\_  
 Names of Officers and Title | \_\_\_\_\_  
 Phone | \_\_\_\_\_ E-mail | \_\_\_\_\_

### ▶ Other Information

Person in charge of Accounts Payable | \_\_\_\_\_  
 Phone | \_\_\_\_\_ E-mail | \_\_\_\_\_  
 Date business established/incorporated | \_\_\_\_\_  
 Do you own the building (store)? |  Yes  No GST # | \_\_\_\_\_ PST # | \_\_\_\_\_  
 Number of full-time sales personnel \_\_\_\_\_

### ▶ Bank Reference

Name of Bank | \_\_\_\_\_ Account Number | \_\_\_\_\_  
 Street | \_\_\_\_\_ City | \_\_\_\_\_ Province | \_\_\_\_\_  
 Postal Code | \_\_\_\_\_ Phone | \_\_\_\_\_ Fax | \_\_\_\_\_ Contact | \_\_\_\_\_

### ▶ Other Trade References Preferably From Sporting Goods Industry

**one** Name of Firm | \_\_\_\_\_ High Credit | \_\_\_\_\_ Dealt Since | \_\_\_\_\_  
 Street | \_\_\_\_\_ City | \_\_\_\_\_ Province | \_\_\_\_\_  
 Postal Code | \_\_\_\_\_ Phone | \_\_\_\_\_ Fax | \_\_\_\_\_  


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**two** Name of Firm | \_\_\_\_\_ High Credit | \_\_\_\_\_ Dealt Since | \_\_\_\_\_  
 Street | \_\_\_\_\_ City | \_\_\_\_\_ Province | \_\_\_\_\_  
 Postal Code | \_\_\_\_\_ Phone | \_\_\_\_\_ Fax | \_\_\_\_\_  


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**three** Name of Firm | \_\_\_\_\_ High Credit | \_\_\_\_\_ Dealt Since | \_\_\_\_\_  
 Street | \_\_\_\_\_ City | \_\_\_\_\_ Province | \_\_\_\_\_  
 Postal Code | \_\_\_\_\_ Phone | \_\_\_\_\_ Fax | \_\_\_\_\_

- \* Please attach a copy of your current Financial Statement as this will facilitate credit approval
- \* For Ontario PST exempt customers, a PST exemption form must accompany this application.
- \* The undersigned authorizes and consents to the receipt and exchange of credit information.

#### Do Not Fill In – For Office Use Only

Credit Limit | \_\_\_\_\_  
 Reviewed By | \_\_\_\_\_  
 Approved By | \_\_\_\_\_  
 Date Approved | \_\_\_\_\_  
 Rep # | \_\_\_\_\_

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Authorized Signature**

\_\_\_\_\_ **Title**